

12pt.

8-18-15

Given at

SPED MTG.

- ☐ Initial IEP (IIEP)
☐ Annual Review (RIEP)
☐ New Student Transfer IEP

**Massillon City Schools Special Services
IEP Checklist**

Student:	Grade:	School:
SPED Case Manager:		Handicap Condition:

Notes:

Please locate areas indicating a need to correct the IEP. If a change in document is needed, an amendment must be written.

FRONT PAGE

SECTION 1 – FUTURE PLANNING

- ☐ Interests of Student
☐ Skills of Student
☐ Lists student/parent wishes after high school
☐ Coursework, job coaching programs will assist student with goals

SECTION 2 – SPECIAL INSTRUCTIONAL FACTORS

- ☐ Each box is checked YES or NO
☐ If YES, a goal is created for the student addressing this factor.

SECTION 3 - PROFILE

- ☐ Summarize strengths of child
☐ Describe how disability affects progress in general curriculum as compared to typical peers.
☐ Academic, developmental and functional needs of child
☐ Results of state or district-wide assessments and recent evaluations

SECTIONS 4 & 5 – POSTSECONDARY TRANSITION

- ☐ Is the child 14 within the duration of the IEP? If YES– read on...
☐ Child's courses of study (general curriculum, vocational curriculum)
☐ Where the student is progressing to (college prep, vocational)
☐ Attendance, work experience, interest inventories, etc.

SECTION 6 – MEASURABLE ANNUAL GOALS

- ☐ Present levels and baseline information
☐ Measurable Annual Goal has:
1. Condition (situation, setting or given material)
2. Clearly defined behavior (action)
3. Criteria of mastery
4. How frequently the teacher will assess the mastery of skills
☐ Method for measuring is addressed from list
☐ Measurable Objectives include:
1. Plan for reaching annual goal and means of measuring progress toward the goal
2. Include condition, clearly defined behavior and performance criteria
☐ Method and Frequency for Reporting Progress at least as often as general education students.

SECTION 7 – DESCRIPTIONS OF SPECIALLY DESIGNED SERVICES

- ☐ Special Designed Instruction: Adapting content, methodology or delivery of instruction to access the general curriculum
☐ Related Services
Transportation – if marked in Section 8 needs to be here also
Speech & Language, OT, PT, etc.
Each Service has own box
☐ Assistive Technology
☐ Accommodations: Providing access to, not altering amount or complexity; Testing accommodations for all tests INCLUDING Statewide/District Wide Testing (Section 12)
☐ Modifications: Reserved for MH students where curriculum and delivery is modified
☐ Support for School Personnel: Training, aide, resource materials, equipment consultations
☐ Services to support Medical Needs: Medical services medication, feedings

SECTION 8 – TRANSPORTATION AS A RELATED SERVICE

- ☐ Transportation is marked YES – It is reflected in Section 7: Related Service

SECTION 9 – NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

- ☐ Document opportunities to participate in clubs, activities, etc.

(Over)

SECTION 10 – GENERAL FACTORS

- ☐ IEP considerations marked YES or NO
☐ ESY is indicated

SECTION 11 – LEAST RESTRICTIVE ENVIRONMENT

- ☐ Participation is marked YES or NO
☐ If NO, justification is indicated.

SECTION 12 – STATEWIDE AND DISTRICTWIDE TESTING

- ☐ Participation is marked YES or NO
☐ If "with accommodations" marked, accommodations are reflected in Section 7: Accommodations
☐ Alternate Assessment marked YES or NO
☐ Met Testing Requirement indicated

SECTION 13 – MEETING PARTICIPANTS

- ☐ Type of Meeting and Dates
☐ IEP meeting participants including parent, district rep, intervention specialist and general education teacher

SECTION 14 – SIGNATURES

- ☐ Appropriate box signed by parent/guardian ☐ PR-01 Sent to Parent IF Parent did not attend
☐ Transfer of Rights at Majority, if appropriate
☐ Procedural Safeguards Notice marked
☐ Copy of IEP marked

EMIS

- ☐ Student Info Tab: Autism Scholarship?, Case Manager
☐ Disability Tab: Disability Input
☐ Events Tab: Event, Event (Meeting Date), Outcome ID, Non-Compliance ID, Start and End Date, IEP Test Type, Secondary Planning
☐ Programs Tab: Related Services with Dates Indicated
☐ District Representative Signature and Date

Date Emailed Teacher for Correction (cc: Elaine) (If this is only required action):

PRO1

- ☐ No PRO1 with IEP.
☐ Date of Notice Wrong. Cannot date and send out before meeting date.
☐ Section #2 has IEP effective date before Date of Notice. (The IEP is not in effect until the notice is sent out; therefore the effective date in #2 is wrong). Change the PRO1's Date of Notice as same date as effective date of IEP.

REQUIRED ACTIONS

- ☐ IEP Amendment to correct and resubmit ☐ Submit Parent Invite Form/Documentation of Attempts
☐ Correct and return; send parent corrected page(s) ☐ Submit Progress Report
☐ Reconvene IEP Meeting and Resubmit ☐ PRO1 Correction Needed
☐ Submit Closed Out IEP Page with Sticker ☐ Submit Corrected EMIS Form

Special Services Signature

Date

FOR SPECIAL SERVICES OFFICE ONLY

ELIZABETH'S CHECKLIST OF ITEMS RECEIVED

- ☐ Closed Out IEP Page with Sticker
☐ Progress Report
☐ Documentation of Attempts
☐ Invitation (PR-02)
☐ PR-01

☐ Approved and Emailed OK to Complete Date: _____